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Assignee Name and Address: Eqapez Foundation, L.L.C. 160 Greentree Drive, Suite 101 Dover, DE 19904							
A copy of this form, together with a statement under 37 CFR 3.73(b) (Form PTO/SB/96 or equivalent) is required to be filed in each application in which this form is used. The statement under 37 CFR 3.73(b) may be completed by one of the practitioners appointed in this form if the appointed practitioner is authorized to act on behalf of the assignee, and must identify the application in which this Power of Attorney is to be filed.							
SIGNATURE of Assignee of Record The individual whose signature and title is supplied below is authorized to act on behalf of the assignee							
Signature Self Ni				Date 08/27/08			

Telephone

Name

Title

Jeremiah Miller

Authorized Person